

CBFS

Community Based Flexible Supports



2017 Stakeholder Engagement Sessions

Service Accountability and Movement
Workgroup | Measurable Targets and
Benchmarks | 3/24/2017

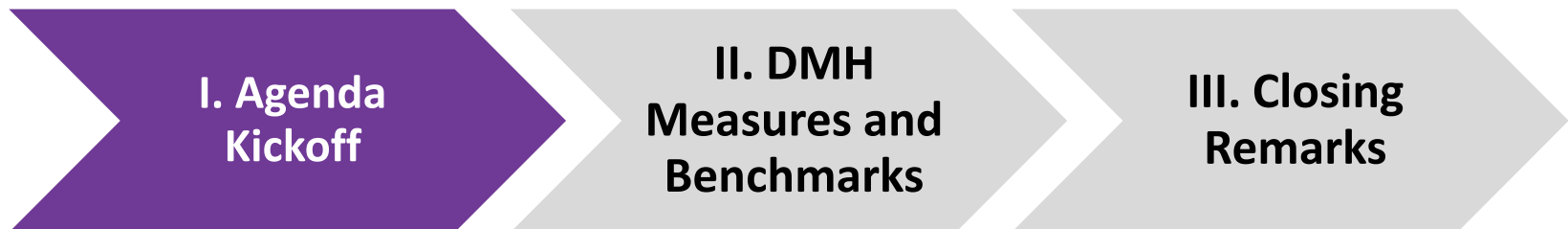
Agenda

I. Agenda Kickoff

- *Welcome*
- *Today's Goals*
- *Recap*

II. DMH Measures and Benchmarks

III. Closing Remarks



I. New Care Coordination Model: Background

Review from 3/1/17

What is an ACO?

An Accountable Care Organization (ACO) is a group of providers that have partnered together to deliver care that is integrated, wellness-focused, culturally and linguistically accessible, and member-centered. ACOs are accountable for the cost and quality of services.

What is a BH CP?

A Behavioral Health Community Partner (BH CP) partners with an ACO to bring expertise in Behavioral Health clinical management and to provide the integration of care necessary to serve these populations more effectively.

I. Agenda Kickoff: Today's Goals



1

Review alignment of DMH and EOHHS quality measures

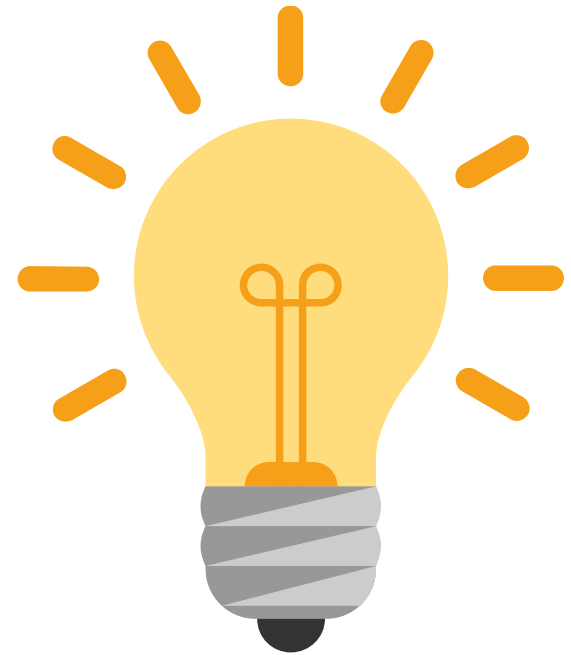
2

Discuss DMH measures and accountability within new model

I. Agenda Kickoff: Today's Goals

Consideration for this Session

- What are some useful targets and benchmarks for DMH to measure against in the new model?



I. Agenda Kickoff: Recap

#	Topic	Date
1	Orientation	January 11 th , 2017
2	Utilization Review Process	January 25 th , 2017
3	Engagement	February 8 th , 2017
4	Utilization Review in the Rehab and Treatment Model	February 22 nd , 2017
5	Accountability and Integration	March 8 th , 2017
6	Measurable Targets & Benchmarks	March 24th, 2017
7	Debrief for Both Workgroups	March 29 nd , 2017

I. Agenda Kickoff: Recap of 3/8/17

Key Meeting Takeaways:

- Clarify accountability for shared functions
 - For families and enrollees, it can be confusing to understand who should be providing what services
- Getting BH CPs "at the table"
 - MassHealth and DMH are committed to a model of shared management
- Important metrics to measure within the delivery model
 - Health & wellness indicators
 - Dental visits, physicals, etc.
 - Hospitalization data
 - Medication reconciliation

I. Agenda Kickoff: Recap of 3/15/17 Model Development Workgroup Integration and Alignment

Key Meeting Takeaways:

- **Responsibilities of BH CPs and CBFS Providers**
 - Care coordinator needs to work with all parties involved in an enrollee's care
 - Clear roles need to be defined for CBFS and BH CP providers
 - Recommendation for an identified lead between CBFS and BH CPs
 - Ideally, the enrollee would have one point person for care coordination
- **Continuity in relationships is key**
 - Leverage peer supports to help enrollees navigate the process
- **Shared Operational Management**
 - MassHealth has the ultimate responsibility for ensuring operational alignment but there will be shared accountability and management between MassHealth and DMH

II. DMH Measures and Benchmarks



II. DMH Measures and Benchmarks

- Person-centered goals are identified by Enrollee and CBFS Team and reflected in treatment plan. DMH will monitor through utilization review.
- DMH will develop metrics and benchmarks of system performance.



II. DMH Measures and Benchmarks

Proposed CBFS Outcome Measures for Planned Model:

Engagement

- Initial
- Sustained
- At risk populations (e.g. homeless, forensic involvement, substance use)

Community Tenure

- Critical Time Interventions

Movement and Successful Transition

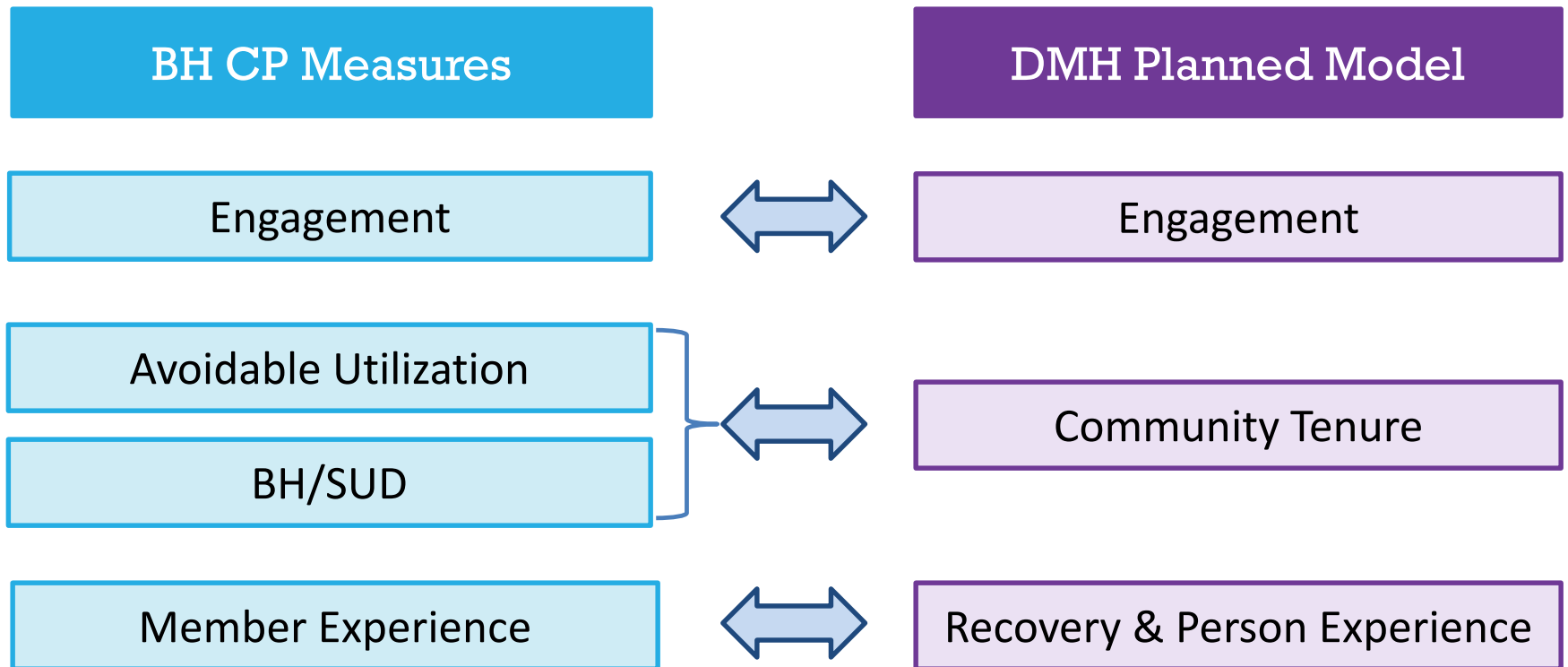
- GLEs
- Independent Housing
- Successful Completion of Service

Recovery and Person Experience

- Consumer Satisfaction

II. DMH and BHCP Measurement Alignment

DMH planned model and BH CP quality measures align in the following domains:



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DMH planned model and BH CP will individually measure quality in the following domains:

BH CP Measures

Integration

Chronic Disease Management

Prevention & Wellness

DMH Planned Model

Movement & Successful Transition

Health and wellness measurements
previously under purview of CBFS,
now falls under BH CP

II. Engagement

BH CP Measures

- Assessment /Care Plan completed in 90 Days
- Payment contingent on reporting of Qualifying Activity during month

Potential CBFS Measures

- Completion of Assessment and Plan
- Rehabilitative interventions

Utilization Review Strategy

DMH Utilization Review and MassHealth/DMH shared management will monitor engagement of at-risk and vulnerable individuals.



II. Community Tenure

BH CP Measures	Potential CBFS Measures
<ul style="list-style-type: none"> Hospital readmissions Potentially Preventable ED Visits 3-Day Follow-up After Hospitalization for Mental Illness by BH CP 7-Day Follow-Up After Hospitalization for Mental Illness by O/P BH provider 	<ul style="list-style-type: none"> Measurement of time out of institutional setting Percentage of enrollees remaining in the community without institutional enrollment Critical Time Intervention provided within 'X' Days of return to community



Utilization Review Strategy

DMH utilization review strategy and MassHealth/DMH shared management will monitor integration of service delivery during care transitions, including revisions to crisis plans.



II. Successful Movement & Transition

BH CP Measures

- Not currently mentioned as a measure for BH CP contractors

Potential CBFS Measures

- Length of Stay in GLEs
- Turnover Rate in GLEs
- Length of Stay in CBFS
- Successful Completion of CBFS

Utilization Review Strategy

- DMH utilization review strategy will manage GLE enrollments and monitor the need for GLE placement.
- DMH utilization review strategy and Mass Health/DMH shared management will monitor transition to BH CP/other care coordination entity upon successful completion of CBFS.



II. Recovery & Person Experience

BH CP Measures

- Member Experience Survey

Potential CBFS Measures

- Consumer Satisfaction Survey
- Quality of life measures

Utilization Review Strategy

DMH to conduct utilization review strategy, including rehab option reviews, to monitor service delivery and documentation to ensure it is person-centered, culturally appropriate and trauma informed.



II. Additional Tools

MORS and TRS scales may be considered by CBFS to monitor enrollee treatment:

Assertive Community Treatment Transitional Readiness Scale (TRS)

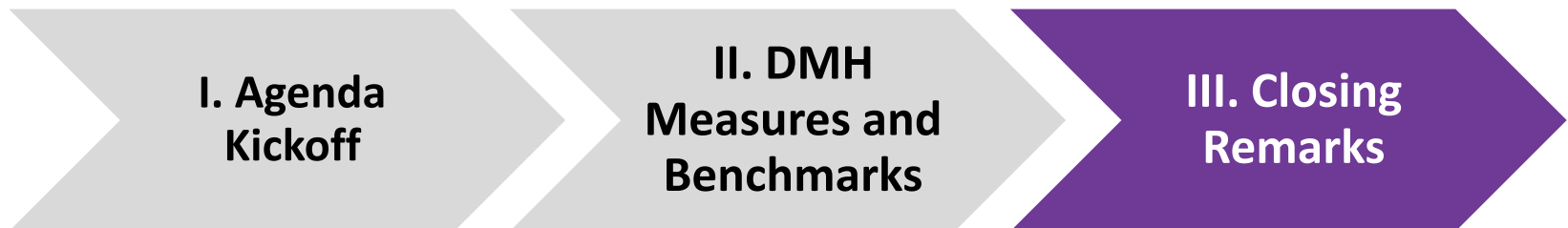
Developed to help ACT teams identify consumers who might be ready for transition to less intensive services

Milestones of Recovery Scale (MORS)

Recovery-based outcome tool for tracking the process of recovery for individuals with mental illness



III. Closing Remarks



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Service Accountability and Movement Workgroup

- Debrief of Today's Meeting
- Outstanding Questions
- Next Meeting:

TBD

- **Next Topic:**
 - **Debrief for Both Workgroups**

- Recap stakeholder workgroup expectations and goals
- Review the new CBFS model
- Review key developments of each workgroup

March 2017				
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
27	28	01 DMH Hadley	02	03
06	07	08	09	10
13	14	15 Framingham	16	17
20	21	22	23	24
27	28	29 DMH Hadley	30	31